(b) to (d) A multicentric study on intake of Food colours has already been initiated to review use of synthetic colours in food.

Non-Approval of Formulary for C.G.H.S. Dispensaries

1154. SHRI ANIL SHARMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that regular supplies of common medicines to C.G.H.S. dispensaries have been held up due to non-approval of fomulary;

(b) if so, the reasons for delay in approval of fromulary by Government; and

(c) by when Government would approve the formulary?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) to (c) In procurement of thr regular supply of the listed formulary medicines was held up due to non-approval of the formulary. However, the formulary for Generic items has already been approved on 13.1.99 During this period, the non-available medicines were procured from the authorised local Chemists against individual valid prescriptions.

Amendment to P.F.A. Act

1155. MISS. MABEL REBELLO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Prevention of Food Adulteration Act is pending with the Central Government for amendment; and

(b) if so, the details thereof and by when the Act is likely to be amended?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) and (b) Amendment of a statue such as Prevention of Adulteration Act 1954 is an on-going process which is resorted to from time to time in order to make the provisions of the law effective in providing clean and wholesome food to the consumers. However, keeping in view the Report of the Task Force on Food Laws and the Report of the Commission to review administrative laws certain amendments may be necessary which are yet to be finalised by the Government.

Making the All India Institute of Unani Medicine Functional

1156. SHRI K. RAHMAN KHAN: Will the Minister of HELATH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the All India Institute of Unani Medicine, started in 1982, is still not functional even after fifteen years of its establishment; if so, the reasons therefore;

(b) whether Government intend seriously to have fully functional institute of Unani Medicine in the country;

(c) if so, the reasons for not making the said Institute fully functional;

(d) total amount provided for the Institute during the last 15 years; and

(e) what is the time-frame to make it fully functional?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WEFARE (SHRI DALIT EZHILMALAI): (a) to (e) The National Institute of Unani Medicine, Bangalore, a joint venture of the Govt. of India and Govt. of Karnataka was registered as a Society under the Karnataka Society Registration Act, 1960 in December, 1984. The Institute earlier could not become functional due to non-availability of sufficient funds. However, with the setting up of the independent Department of Indian Systems of Medicine & Homoeopathy in in March, 1995, adequate funds have

been provided for various activities, for the development of this Institute. Hospital Service Consultancy Corpotarion (HSCC) has already been entrusted with the construction work of the Institute. The Construction of the boundary wall, ground water survey and geo-technical survey have already been completed. It has also taken up the construction of interim OPD facility which is likely to be made functional very shortly.

Due to certain changes in the objectives of the Institute as well as sharing pattern of the cost between Central Govt. and the State Govt. of Karnataka a revised EFC Memo for the Institute has been prepared on which comments of the Appraisal Departments are awaited. Though the Governing Body of the Institute has approved the project proposal for starting the construction activities, where has been delay in its operation due to the reason that Bangalore Development Authority has proposed payment of heavy fee before giving clearance for construction. The matter has been taken up by with the Govt. of Karnataka. The Institute has been provided a sum of Rs. 420 lakhs during the last fifteen years.

As per the plans, the construction activities of the main building complex of the Institute is likely to start during 1999-2000. The first phase is expected to be completed by the end of 2002 and first batch of the Post Graduate students is likely to be admitted in the Institute during 2001-2002.

एड्स रोग की रोकथाम हेतु उपाय

1157. **श्रीमती मालती शर्मा:**
प्रो० रामबक्श सिंह वर्मा:

क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या यह सच है कि देश में एड्स की रोकथाम हेतु सरकार द्वारा अनेक उपाय किये जा रहे हैं:

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) 1999-2000 के लिये इस प्रयोजनार्थ कितनी धनराशि आवंटित करने पर विचार किया जा रहा है?

स्वास्थ्य और परिवार कल्याण मंत्रालय के राज्य मंत्री (श्री दलित एझिलमलाई): (क) जी, हां।

(ख) भारत में एच०आई०वी०/एड्स के फैलाव के निवारण और नियंत्रण के लिए इस समय पूरे देश में एक केन्द्रीय प्रायोजित योजना के रूप में एक व्यापक कार्यक्रम कार्यान्वित किया जा रहा है। मुख्य कार्यनीतियों में निम्नलिखित शामिल हैं:—

× केन्द्रीय और राज्य स्तरों पर कार्यक्रम प्रबन्धन क्षमताओं का सुदृढ़ीकरण।

× एच०आई०वी०/एड्स के बारे में उच्च जोखिम का आचरण करने वाले समूहों और सामान्य जनता के बीच जागरुकता पैदा करना।

× यौन संचारित रोगों का नियंत्रण।

× रक्त बैंकों को उपयुक्त लाइसेंस प्रदान करके और स्वैच्छिक रक्त दान को प्रोत्साहित करके रक्त निरापदता और रक्त के विवेकपूर्ण इस्तेमाल को बढ़ावा देना।

× निगरानी और निदान की क्षमता का सुदृढ़ीकरण।

× एच०आई०वी०/एड्स के नैदानिक प्रबन्धन में प्रशिक्षण प्रदान करना।

× अवसरवादी संक्रमणों के प्रबन्धन के लिए औषधें प्रदान करना।

(ग) एच०आई०वी०/एड्स के नियंत्रण के लिए वर्ष 1999-2000 हेतु 140 करोड़ रुपये का बजट अनुमान है।

Shortage of Medicines in CGHS Dispensaries

1158. SHRI ISH DUTT YADAV:
PROF. RAM GOPAL YADAV:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have ordered any inquiry into the acute shortage of medicines in CGHS dispensaries all over the country and the loss of crores of rupees;